U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:



	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Harold A Schaitberger	Name International Associstion of Fire Fighters
	Labor Organization File Number 000-317
P.O. Box, Bldg., Room No., if any Suite 200	P.O. Box, Building and Room Number, if any Suite 200
Street 1750 New York Avenue, N.W.	Street 1750 New York Avenue, N.W.
City Washington,	City Washington
State District of Columbia ZIP Code + 4 20006-5395	State District of Columbia ZIP Code + 4 20006-5395
	usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street ;	
City The Company of t	An internal and in
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanuadersigned's knowledge and thelief, true correct, and complete. (See the see	lying documents), has been examined by the signatory and is, to the best of the
Form LM-30 (2003)	Page 1 of

Name of Person Filing Harold Schaitberger	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Woodley & McGillivary	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Suite 400	c. Employer
Street 1125 Fifteenth Street, N.W.	found
City Washington, D.C.	
State District of Columbia ZIP Code + 4 20005	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	Legal services
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$1,073,225
City	40 - Nichon of interest hold an income
The state of the s	12.a. Nature of interest held or income received.
State ZIP Code + 4	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift
State ZIP Code + 4	Dinner on 2/12; 8/5;10/6;12/9; 12/18.
	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift  12.b. Amount. \$841
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	Dinner on 2/12; 8/5;10/6;12/9; 12/18.  Holiday season gift  12.b. Amount. \$841  r parts A and B above)
C. Received from any employer (other than an employer covered unde	Dinner on 2/12; 8/5;10/6;12/9; 12/18.  Holiday season gift  12.b. Amount. \$841  r parts A and B above)
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift  12.b. Amount. \$841  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift  12.b. Amount. \$841  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift  12.b. Amount. \$841  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift  12.b. Amount. \$841  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift  12.b. Amount. \$841  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift  12.b. Amount. \$841  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Dinner on 2/12; 8/5;10/6;12/9; 12/18. Holiday season gift  12.b. Amount. \$841  r parts A and B above) or other thing of value.

Name of Person Filing Harold Schaitberger	File Number U-

8. Name and address of Business (incli	uding trade name, if any).	9. Business deals with:	
Name Nationwide Financial	Services	a. Labor Organization	
Trade Name, if any:			:
P.O. Box, Bldg., Room No., if any PW~	01-16	b. Trust	
Street One Nationwide Plaza		c. Employer	
City Columbus	W. T.		
State Ohio	ZIP Code + 4 43215-2	220	
10. If 9.b. or 9.c. is checked give trust or e	mployer's name.	11.a. Nature of such dealing.	PART
Name IAFF Financial Corpor	ation	Nationwide contracts with IAFF-FC financial services for its plans	to provide
Trade Name, if any:		- Transference   Tran	
P.O. Box, Bldg., Room No., if any		**************************************	
Street 1750 New York Avenue,	N.W.	A SA	
City Washington, D.C.		23.00	9015
State District of Columbia	ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$792,326
		12.a. Nature of interest held or income received.	
		Dinner on March 4 and May 17	
		B AND	
			<u>.</u>
		14.67	
		Parameter of a communication of the communication o	·
		12.b. Amount.	\$200

Name of Person Filing Harold Schaitberger	File Number U-	

9. Business deals with:
a. Labor Organization
b. Trust
h-nu-
c. Employer
11.a. Nature of such dealing.
Insurance broker
National Control of the Control of t
11.b. Approximate dollar value of such dealing.
12.a. Nature of interest held or income received.
Dinner on 2/9; 12/17
- The state of the
12.b. Amount. \$200

Name of Person Filing Harold Schaitberger	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name The Kelly Companies	x a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1701 Cabin Branch Road	i_ c. Employer
City Cheverly	
State Maryland ZIP Code + 4 20785	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Printing and convention services
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Annual Control of the Control	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,441,857
	12.a. Nature of interest held or income received.  Dinners on 4/21; 8/27; 11/3
	; vg/9500M-lam de transfer on T
	12.b. Amount. \$283

	Name of Person Filing	Harold	Schaitberger
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## Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name UNET  Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 220	b. Trust
Street 1370 Piccard Drive	c. Employer
City Rockville	
State Maryland ZIP Code + 4 20850	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	computer services
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$465,955
	12.a. Nature of interest held or income received. Dinners in Feb., April, June
	i .
	12.b. Amount. \$300
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Name of Person Filing	Harold	Schaitberger
Harry of Coon Fining	naroru	SCHATCRELGEL

## Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Monitoring and Evaluation Services Inc.	a. Labor Organization
P.O. Box, Bldg., Room No., if any \$3006	b. Trust
Street 3375 Park Avenue	c. Employer
City Wantagh State New York ZIP Code + 4 11793	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Pension consultant
Trade Name, if any:	· ·
P.O. Box, Bldg., Room No., if any	
Street	
City Address of the Control of the C	See and the second seco
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$35,000
	12.a. Nature of interest held or income received.
	Holiday gift
	The state of the s
	- Company of the Comp
	12.b. Amount. \$240

Name of Person Filing Harold	Schaitberger		File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:
Name MDA	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 3300 East Sunrise Avenue	c. Employer
City Tucson	
State Arizona ZIP Code + 4 85718-3208	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	The IAFF raises funds for this charitable organization,.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$36,135
	12.a. Nature of interest held or income received.
	Dinner on 2/24
	•
	12.b. Amount. \$100

Name of Person Filing	Harold	Schaitberger
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## Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Financial Innovations, Inc.	a. Labor Organization
Trade Name, if any: P.O. Box, Bidg., Room No., if any	i + b. Trust
Street One Weingeroff Blvd.	c. Employer
City Cranston State Rhode Island ZIP Code + 4 02910	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Provides advertising and promotional products
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,013,095
	12.a. Nature of interest held or income received.  Dinner on 7/24; Holiday gift
	Address:
	- CARAMINES
	The state of the s
	12.b. Amount. \$350

Name of Person Filing	Harold.	Schaitherge	r

### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Calvert Woodley	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 4339 Connecticut Avenue, N.W.  City Washington, D.C.	
State District of Columbia ZIP Code + 4 20008	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Purchases of holiday gifts for staff and business associates
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$15,500
	12.a. Nature of interest held or income received. Holiday gift
	Laboratory and the second of t
	12.b. Amount. \$110

Name of Person Filing Harold Schaitberger	File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Harbaugh Hotels  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Palm Springs Riviera Hotel  Street 1600 North Indian Avenue  City Palm Springs	a. Labor Organization b. Trust c. Employer
a and the second	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	Hotel management
Trade Name, if any:	tan .
P.O. Box, Bldg., Room No., if any	
Street	
City	The state of the s
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$165,000
	12.a. Nature of interest held or income received.
	holiday gift
	Parties of the Control of the Contro
	12.b. Amount. \$75